



**ARIZONA RADIATION REGULATORY AGENCY**  
**NON-IONIZING RADIATION USER APPLICATION**

**INSTRUCTIONS:** Complete all items in this application for a new license or the renewal of an existing license. Use the provided data forms and supplemental sheets where necessary. Retain a copy of this application for your records. **Mail the original to:** Arizona Radiation Regulatory Agency, 4814 South 40<sup>th</sup> Street, Phoenix, Arizona 85040. Upon approval of this application, the applicant will receive a Non-Ionizing Radiation Registration issued in accordance with the requirements contained in Arizona Administrative Code.

<b>1. NAME AND MAILING ADDRESS OF REGISTRANT:</b> (Include <b>ZIP CODE</b> )  <b>TELEPHONE NUMBER:</b>	<b>2. ADDRESS AT WHICH DEVICE(S) WILL BE USED</b>
<b>3. PERSON TO CONTACT REGARDING THIS APPLICATION</b>  <b>TELEPHONE NUMBER:</b>	<b>4. THIS APPLICATION IS PART OF A(N):</b> (check appropriate item) <input type="checkbox"/> NEW REGISTRATION: <input type="checkbox"/> RENEWAL OF REGISTRATION NO. _____ <input type="checkbox"/> AMENDMENT TO REGISTRATION NO. _____

The operator has been trained and demonstrated competence in the safe use of this equipment.

A copy of safety rules has been provided to the operator.

The operator has been made aware of any restrictions in operating techniques required for the safe use of the devices.

A copy of the Arizona Administrative Code, Title 12, Chapter 1 is available for review by the operator, and the requirements of the applicable portions of the same have been reviewed with the operator.

Job Title of Operator: \_\_\_\_\_ Job Title of Supervisor of Operator: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Name of Safety Officer: \_\_\_\_\_

The Use Applicant or the Official executing this certificate on behalf of the Registrant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the User Applicant or any official executing this certificate on behalf of the registrant agrees to conform to the Statutory and Administrative requirements of the State of Arizona Radiation Regulatory Agency.

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF OPERATOR) By: \_\_\_\_\_  
 (SIGNATURE OF OPERATOR)

\_\_\_\_\_  
 (TITLE OF OPERATOR) DATE: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF CERTIFYING OFFICIAL) By: \_\_\_\_\_  
 (SIGNATURE OF CERTIFYING OFFICIAL)

\_\_\_\_\_  
 (TITLE OF CERTIFYING OFFICIAL) DATE: \_\_\_\_\_

**RETAIN A COPY FOR YOUR RECORDS**